

**PACIFIC UNIVERSITY**  
**School of Physical Therapy**

**TRANSITION DOCTOR OF PHYSICAL THERAPY**  
**Application for Admission**

**PLEASE TYPE OR PRINT CLEARLY**

Name \_\_\_\_\_

Names that may appear on transcripts (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Personal Data**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you are not a US citizen, what type of visa do you currently hold? \_\_\_\_\_

**Optional Information**      *Items included in this section have no bearing on the admission decision.*

Male / Female      Marital Status \_\_\_\_\_

How would you describe yourself? (circle one)

American Indian or Alaskan Native	Black non-Hispanic	White non-Hispanic
Asian or Pacific Islander	Hispanic	Foreign National

**Professional Experience**      *Please attach resume or CV.*

Current Position \_\_\_\_\_ # of Years \_\_\_\_\_

Description \_\_\_\_\_

Previous Position \_\_\_\_\_ # of Years \_\_\_\_\_

Description \_\_\_\_\_

Physical Therapist's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Professional Certification/Licensure \_\_\_\_\_

Has any state board ever denied or revoked your license? Yes / No  
*If so, explain on separate sheet.*

**Academic Information**

TOEFL Score (if applicable) \_\_\_\_\_ Date Taken \_\_\_\_\_

Entry Level Physical Therapy Degree (BS, MSPT, MPT) received from \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

In chronological order, please list all other colleges attended.  
*Attach a separate sheet if needed.*

	Colleges/ Universities Attended	Years Attended	Major	Degree/ Diploma
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

This University subscribes to the ethics and moral code that characterize professionalism and feels that academic honesty is fundamental to the intellectual enterprise. Professional conduct, including academic honesty, is the expectation of all students. When a student applies for admission, the student agrees to these principles.

I affirm that all the information contained in my application is factually correct and honestly presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH THE REQUIRED  
NON-REFUNDABLE APPLICATION FEE OF \$100 TO:**

SCHOOL OF PHYSICAL THERAPY  
TRANSITION DPT PROGRAM  
Pacific University – College of Health Professions  
222 SE 8<sup>th</sup> Avenue, Hillsboro, Oregon 97123  
503/352-7257 and 503/352-7340 fax  
www.pacificu.edu/pt